

Q. Records

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GENERAL RECORDS REQUIREMENTS

As the information that makes up the student's Medicaid records is used to document services billed to the federal government and is subject to audit, they need to be official records. This means that they must be completed in ink. Information written in pencil is easily erased and altered so it cannot be used on the required Medicaid documentation. White out cannot be used.

STUDENT MEDICAID FILES

A Medicaid file needs to be maintained for each student eligible for the School-Based Health Services Program. A complete Medicaid file contains the following information:

1. **Release of Information form** signed by the legal guardian. If the parent refused to release information for Medicaid billing a signed Release of Information form indicating the parent's choice is put in the student's file. This is the only information that may be in the student's file if the parent refused to release information.
2. **Physician Authorization** signed by a physician, doctor of osteopathic medicine, a physician's assistant or nurse practitioner
3. **IEP and Reevaluation Claim Forms** (pink and blue forms)
4. The cover page and services page of the student's current **IEP**, including the consent paragraph giving permission to bill Medicaid.
5. The completed **Level of Care Forms** with copies of the **staff documentation** attached to each LOC form and any other claim forms such as Durable Medical Equipment, or PNMI.

It is suggested that six-section folders with clips at the top of each section be used for student Medicaid files. If these folders are used, the information listed as 1 through 6 above can each have a section in the folder. It is recommended that the current student Medicaid file contain information for the current and prior school year.

RECORDS NEED TO BE AVAILABLE FOR FILE REVIEWS

The Medicaid staff employed at the state level needs to have access to the Medicaid student files in order to do file reviews. Part of the responsibilities of a Medicaid field representative is to review files on a regular basis to ensure that the proper documentation exists for the claims being submitted for students under the School-Based Health Services Program. The records need to be available throughout the school year and during the summer. If the files are not kept in a central location such as the supervisory union office or at the schools, they must be made available within a reasonable time when requested.

RECORDS NEED TO BE RETAINED FOR SEVEN YEARS

All the required documentation for Medicaid claims is required to be kept for seven years. The information needs to be available for audits by the federal government. In the case of an audit, any information that is not available is likely to lead to questioned cost and the need to pay back any funds received on claims which do not have the required documentation. So it is important that the records are maintained and are available in the event of an audit.

If a student moves to another Vermont supervisory union, it is helpful to be able to provide copies of the Release of Information and Physicians Authorization (if still current). However,

the originals need to be maintained in your supervisory union if any claims were submitted for the student.

CONFIDENTIALITY OF SPECIAL EDUCATION AND MEDICAID RECORDS

The Family Educational Rights and Privacy Act (FERPA) is a federal law that governs the disclosure of information contained in student records. FERPA applies to any educational agency or institution that receives federal funds under any program administered by the U.S. Department of Education. It therefore applies to virtually all public and independent schools, and to entities that provide services for public or independent schools.

The basic rule of FERPA is that personally identifiable information in a record about a student that is maintained by a school or an agent of a school cannot be disclosed to a third party without the prior written consent of the student's parent. If the student is over 18, information from student records cannot be disclosed without the prior written consent of the student.

FERPA does provide exceptions to this rule, but they are limited. Anyone with access to personally identifiable information about a student, including the student's name, address, phone number or information about the student's physician or health care needs should treat that information as strictly confidential. When in doubt about whether to disclose information from a student's record, consult with a knowledgeable school administrator to determine whether the information is protected by FERPA and whether the disclosure requires prior written consent of the student or the student's parents.

All staff who deal with the School-Based Health Services have access to a great deal of confidential information and need to be aware of the FERPA requirements above.

HIPAA

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) sets forth provisions for protecting the security, confidentiality, and privacy of health information. For the purposes of the School-Based Health Services Program, HIPAA basically states that supervisory unions are responsible for ensuring that a student's right to privacy is not violated. This means that individuals who do not need the student's health information for a specific purpose should not have access to the information. Some ways that supervisory unions can protect the student privacy is by maintaining health information in a secure location, putting information away when it is not in use and placing privacy wording on fax coversheets and e-mail when sending information electronically.

CONFIDENTIALITY STATEMENT

The Department of Education recommends that supervisory unions take precautions to safeguard student information. This may include having Medicaid clerks sign a confidentiality statement. The following page contains a **sample** confidentiality statement.

CONFIDENTIALITY PLEDGE

I understand that I require student information to perform my duties at []. Some of this information is made confidential by law (such as "protected health information" or "PHI" under the federal Health Insurance Portability and Accountability Act). Confidential information may be in any form, e.g., written, electronic, oral, overheard or observed. Access to all confidential information is granted on a need-to-know basis. A need-to-know is defined as information access that is required in order to perform job functions.

I pledge to review the policies on confidentiality and privacy. I will access, use and disclose confidential information in keeping with these policies and only on a need-to-know basis. This includes keeping confidential information in a secure location (i.e. locked cabinet) and protecting computer information with passwords.

I will not disclose confidential information to friends, relatives, co-workers or anyone else except as required to perform my work.

I will protect the confidentiality of all confidential information, including PHI while employed at [] and after I leave []. All confidential information remains the property of [].

I understand that signing this pledge and complying with its terms is a requirement for me to work at []. If I violate this pledge, I will be subject to disciplinary action up to and including termination. In addition, under applicable law, I may be subject to criminal or civil penalties.

I have read the above pledge and agree to be bound by it.

Name:

Signature:

Date: